

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 745725

FILED
Jun 03, 2003
Secretary of State

Entity Name: GIFFORD LANE CONDOMINIUM, INC.

Current Principal Place of Business:

3076 GIFFORD LN
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3076 GIFFORD LN
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMBERSON, HARRY C.
3076 GIFFORD LN
COCONUT GROVE, FL 33133

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EMBERSON, HARRY,
Address: 3076 GIFFORD LN
City-St-Zip: COCONUT GROVE, FL

Title: STD () Delete
Name: WHITEFIELD, FREDRICKA
Address: 3074 GIFFORD LANE
City-St-Zip: COCONUT GROVE, FL

Title: D () Delete
Name: EMBERSON, NANCY S
Address: 2523 DANPHINE CT W
City-St-Zip: PONTE VEDRE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY C EMBERSON

PD

06/03/2003

Electronic Signature of Signing Officer or Director

_____ Date